Imperial Valley College
Division of Nursing Education and Health Technologies
Nursing 111: INSERTING A NASOGASTRIC TUBE FOR GASTRIC DECOMPRESSION

Recommendation: Pass __________________________ Needs Practice ______________________

Student ___________________________________________ Date __________________________

Instructor __________________________________________ Date __________________________

S= Satisfactory U= Unsatisfactory NP= Needs Practice

ASSESSMENT

1. Performed hand hygiene. Inspected condition of patient’s nasal and oral cavity. __ __ __
   __________________________________________________________________________

2. Auscultated for bowel sounds. Palpated patient’s abdomen. __ __ __
   __________________________________________________________________________

3. Assessed patient’s level of consciousness and ability to follow instructions. __ __ __
   __________________________________________________________________________

4. Checked medical record for order. __ __ __
   __________________________________________________________________________

5. Prepared equipment at bedside. __ __ __
   __________________________________________________________________________

6. Identified patient and explained procedure. __ __ __
   __________________________________________________________________________

7. Performed hand hygiene and applied clean gloves. __ __ __
   __________________________________________________________________________

8. Provided privacy __ __ __
   __________________________________________________________________________

9. Positioned patient in high-Fowler’s position with pillows behind head and shoulder. Raised bed to a comfortable working height. __ __ __
   __________________________________________________________________________

10. Placed bath towel over patient’s chest. Placed emesis basin within reach. __ __ __
    _________________________________________________________________________

11. Washed bridge of patient’s nose. __ __ __
    _________________________________________________________________________

12. Assessed nares for most appropriate. __ __ __
    _________________________________________________________________________

13. Measured distance to insert tube from nose to ear to Xiphoid process. __ __ __
    _________________________________________________________________________

14. Marked length of tube to be inserted from nares to stomach. __ __ __
    _________________________________________________________________________

15. Lubricated 7.5 to 10 cm (3 to 4 inches) of the end of the tube with water-soluble lubricating jelly. __ __ __
    _________________________________________________________________________
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<td>16.</td>
<td>Alerted patient that procedure was about to begin.</td>
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<td>17.</td>
<td>Instructed patient to extend neck, and inserted tube slowly through naris with curved end pointing downward.</td>
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<td>18.</td>
<td>Continued to pass tube along floor of nasal passage.</td>
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<td>19.</td>
<td>If resistance met, rotated tube or withdrew tube, allowed patient to rest, relubricated tube, and inserted into other naris.</td>
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<td>20.</td>
<td>With tube above oropharynx, instructed patient to flex head forward and take a sip of water if allowed or dry swallow; advanced the tube 1 to 2 inches with each swallow.</td>
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<td>21.</td>
<td>If patient began to cough, gag, or choke, stopped tube advancement; instructed patient to breathe easily.</td>
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<td>22.</td>
<td>If patient continued to cough, pulled tube back slightly.</td>
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<td>23.</td>
<td>If patient continued to gag, checked back of oropharynx.</td>
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<td>24.</td>
<td>After patient relaxed, continued to advance tube the desired distance. After tube had been advanced, anchored tube with prepared split tape marked tube length.</td>
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<td>25.</td>
<td>Verified tube placement, according to agency policy.</td>
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<td>a. Ask patient to talk.</td>
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<td>b. Aspirated gently back on syringe to obtain gastric content.</td>
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<td>c. Measured pH of aspirate</td>
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<td>d. Had x-ray examination of chest and abdomen performed, if ordered.</td>
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<td>e. Injected 30cc air into tube while auscultating over epigasture area.</td>
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<td>f. If tube not in stomach, advanced it 1 to 2 inches and repeated steps to check tube position.</td>
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26. Anchoring Tube
   a. Clamped end or connected to a drainage bag or suction machine.
      
   b. Taped tube to nose or applied commercial tube fixation device; avoided putting pressure on nares.
      
   c. Fastened end of NG tube to patient’s gown with rubber band and safety pin; provided slack for patient’s movement. Maintained pigtail of Salem sump tube above level of stomach.
      
   d. Kept head of bed elevated 30 degrees, unless contraindicated.
      
   e. Removed gloves and performed hand hygiene.
      
27. After tube placement confirmed,
   a. Placed mark on tape where tube exist nose.
      
   b. Option: Measured tube length from nares to connector.
      
**RECORDING AND REPORTING**

1. Correctly recorded insertion procedure, patient’s tolerance, character of drainage, and tube length